

STUDENT REGISTRATION FORM

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11. **Have you ever had a license revoked, suspended, or otherwise sanctioned in Idaho or elsewhere?** ☐ Yes ☐ No
(If yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

APPLICANT AFFIDAVIT

I hereby certify under oath that I have reviewed the requirements for training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or its identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

SCHOOL AFFIDAVIT

I certify that I have reviewed the requirements for training and understand that a student may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor. I further certify that I agree to comply with all Cosmetology laws and rules concerning training and that any failure to comply with those requirements may result in action against any personal or facility license I may hold.

I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I certify that I am an agent of the aforementioned school and that the named applicant is being registered within five (5) days of beginning his/her training. I further certify that I have received and have on file acceptable documentation that the applicant is not less than 16 ½ years of age and that the applicant has met the 10th grade education requirement.

Signature of school agent

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____